

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000809

1. Entity Name

THE CURACAO AT DOLPHIN CAY OWNER'S ASSOCIATION,

**FILED**  
May 18, 2001 8:00 am,  
Secretary of State

05-18-2001 91601 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES  
10033 9TH ST N 2ND FL  
SAINT PETERSBURG FL 33716  
US

C/O RAMPART PROPERTIES  
10033 9TH ST N 2ND FL  
SAINT PETERSBURG FL 33716  
US

J J 4 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4780 DOLPHIN CAY LANE S.

4779 DOLPHIN CAY LANE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3215362

Applied For

Not Applicable

Zip

33711

Country

US

Zip

33711

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN K  
10033 9TH ST N  
2ND FL  
SAINT PETERSBURG FL 33716

Name

CONDOMINIUM ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

3001 EXECUTIVE DRIVE

SUITE 260

City

CLEARWATER

FL

Zip Code

33762

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

By *Ray D. Caldwell*  
Signature, typed or printed name of registered agent and title if applicable.

VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

5-16-01

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME DICKERSON, WILLIAM  
STREET ADDRESS 4780 DOLPHIN CAY LN #303  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE V/D ☒ Change ☐ Addition  
NAME DICKERSON, WILLIAM  
STREET ADDRESS 4780 DOLPHIN CAY LANE S, #502  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE AT ☐ Delete  
NAME WATSON, DOUGLAS  
STREET ADDRESS 4780 DOLPHIN BAY LANE., STE 404  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ Change ☐ Addition  
NAME WATSON, DOUGLAS  
STREET ADDRESS 4780 DOLPHIN CAY LANE S, #404  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE SD ☐ Delete  
NAME ROMANI, MARLENE  
STREET ADDRESS 4780 DOLPHIN CAY LN #606  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S/D ☒ Change ☐ Addition  
NAME ROMANI, MARLENE  
STREET ADDRESS 4780 DOLPHIN CAY LANE S, #606  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE P ☐ Delete  
NAME CARL, BOB  
STREET ADDRESS 4780 DOLPHIN CAY LANE S 207  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE P/D ☒ Change ☐ Addition  
NAME CARL, BOB  
STREET ADDRESS 4780 DOLPHIN CAY LANE S, #408  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE T ☐ Delete  
NAME LEYON, JOHN  
STREET ADDRESS 4780 DOLPHIN CAY LN #406  
CITY-ST-ZIP ST. PETE FL

TITLE T/D ☒ Change ☐ Addition  
NAME LEYON, JOHN  
STREET ADDRESS 4780 DOLPHIN CAY LANE S, #406  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Carl* BOB CARL 5-11-01 727-864-1900

CR2E037 (10/00)